

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155607		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/17/2012	
NAME OF PROVIDER OR SUPPLIER BETHEL MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 6015 KRATZVILLE RD EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00108319.</p> <p>This visit was in conjunction with a Post Survey Revisit to the Investigation of Complaint IN00105614.</p> <p>Complaint number: IN00108319: Substantiated with no federal/state deficiencies related to the allegations cited.</p> <p>Survey Dates: May 16-17, 2012</p> <p>Facility Number: 000436 Provider Number: 155607 AIM Number: 100275120</p> <p>Survey Team: Diane Hancock, RN,TC Vickie Ellis, RN</p> <p>Census Bed Type: SNF/NF 61 Total 61</p> <p>Census Payor Type Medicare 5 Medicaid 38 Other 18 Total 61</p> <p>Sample 5</p> <p>Bethel Manor was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 IN00108319. Quality review completed on May 18, 2012 by Bev Faulkner, RN			F 000			